YES Rights and Resolutions

COMPLAINTS AND APPEALS JULY 1 – SEPTEMBER 30, 2022 SFY 2023, Q1 QUALITY
MANAGEMENT
IMPROVEMENT AND
ACCOUNTABILITY
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YES Rights and Resolutions

COMPLAINTS AND APPEALS JULY 1, 2022 -SEPTEMBER 30, 2022 (SFY 2023, Q1)

The Youth Empowerment Services (YES) Quality Management Improvement and Accountability (QMIA) Council believes that complaints are a valuable source of information about the YES system of care and that each complaint received offers an opportunity to monitor and improve Idaho's behavioral health system for youth and families.

The YES system of care is complex. It is comprised of multiple partners including the Idaho Department of Health and Welfare divisions of Behavioral Health (DBH), Medicaid, and Family and Community Services (FACS), the State Department of Education (SDE), and the Idaho Department of Juvenile Corrections (IDJC). The YES complaint system has been designed to facilitate youth and families being at the center of their own care. However, the overall complexity of the YES system of care is reflected in the current need for each YES system partners to follow their respective state and/or Federal reporting obligations. Therefore, each partner has their own complaint tracking method and contributes information individually to this report. The QMIA Council continues to work with the YES partners to improve complaint reporting and thoroughly understand the complaints themselves with the goal of developing of targeted quality improvement projects to address common issues within the overall YES system.

Overview of YES Complaints

As of State Fiscal Year (SFY) 2022, new categories of complaints have been included in the YES Rights and Resolution reports. In Q1, new information regarding Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Liberty Healthcare Idaho Independent Assessment Services, and Medical Transportation Management (MTM) were added. Beginning in Q2, YES Centralized Complaints from the YES Website or the YES 1-855 number were added as a specific category. These complaints were previously noted as DBH complaints. The DBH complaints category now reflects only complaints related to DBH Regional Clinics.

A total of 33 YES complaints, and 5 appeals, have been received in SFY 2023 during Q1. Information pertaining to data for Q2, Q3, and Q4 will be added once quarterly data has been compiled.

| | Table 1: | YES Comp | laints Q1, | Q2, Q3, | . and Q4 |
|--|----------|----------|------------|---------|----------|
|--|----------|----------|------------|---------|----------|

| | YES | DBH | Optum | EPSDT** | MTM | Liberty | IDJC | FACS | SDE* | Total |
|-------------|-----|-----|-------|---------|-----|---------|------|------|------|-------|
| Q1 | 8 | 0 | 16 | 0 | 3 | 6 | 0 | 0 | - | 33 |
| Q2 | | | | | | | | | | |
| Q3 | | | | | | | | | | |
| Q4 | | | | | | | | | | |
| SFY to date | | | | | | | | | | |

^{*}SDE data will be shown separately as it is analyzed/presented by the school year. ** Currently, there is no formal tracking process of EPSDT complaints.

Table 2: Timeliness of Resolution for Yes Complaints Q1, Q2, Q3, and Q4

| | Average Days to Resolution | | | | | | F | Range of Dag | ys to Resolı | ution | |
|---|----------------------------|----|----|----|-------------------------------------|---|------|--------------|--------------|-------|-------------------------------------|
| | Q1 | Q2 | Q3 | Q4 | SFY to date for individual partners | | Q1 | Q2 | Q3 | Q4 | SFY to date for individual partners |
| YES | 10.2* | | | | 10.2* | | 1-30 | | | | 1-30 |
| DBH | - | | | | - | | - | | | | - |
| OPTUM | 8 | | | | 8 | | 1-35 | | | | 1-35 |
| EPSDT | - | | | | - | | - | | | | |
| MTM | 9.6 | | | | 9.6 | | 9-10 | | | | 9-10 |
| LIBERTY | 0.66 | | | | 0.66 | | 0-2 | | | | 0-2 |
| IDJC | - | | | | - | | - | | | | - |
| FACS | - | | | | - | | - | | | | - |
| SDE | - | | | | - | | - | | | | - |
| Total Average SFY to date for all YES Partners | 4.74 | | | | | Total Range of days SFY to date for all YES Partners | 0-35 | | | | |

^{*}This average response rate does not account for the one case that is still open which was received on the last day of Q1. In addition, this average response rate does not include the 66 days one complaint remained on hold status, as a response from advocate was never received despite two follow up calls AND the initial response (placement on hold) occurred in 1 day and inclusion of the addition days on hold status would skew the average.

Detailed Breakout of Complaint Reporting for Q1 (July I 1, 2022 – September 30, 2022)

YES Centralized Complaints: The category includes all complaints filed via the YES Website, YES 1-855#, and the YES inquiry email. Complaints captured in this category may be about any YES service provided by any partner in the YES system of care and may be duplicated by the partner in their own report section.

Table 3- YES Centralized Complaints

| Region | Date of Complaint | Source of Complaint | Type of Concern | Status as of September 30 | Resolution | Timeliness to Resolution (days) |
|--------|-------------------|------------------------|--|---------------------------------|--|--|
| 2 | 7/26/2022 | Website | Family looking for in-home services for child and unable to find a provider. Concerned that Idaho resources are going to programs that look good on paper and not to the current programs in need. | Closed | IDHW staff reached out directly to aid in getting connected with the right programs and with providers. | 3 |
| 5 | 7/26/2022 | Website | Complaint regarding lack of return phone calls from CMH. | Hold | Root Cause Analysis in progress. Placed on hold status on 7/27/22 pending a follow-up PC from advocate. Remained on hold, but not active. DBH made 2 calls with no response. Officially closed in Q2 | 67 |
| UKN | 8/15/2022 | Phone Call | Complaint about rehab facility. Incomplete information. | Closed | No response re: 3 requests for additional info. Unable to follow up. | 22 |
| 4 | 8/16/2022 | Phone Call | Quality of Care for ABA services (CHIS) for child. | Closed | Connected with case management and complaint process for the agency and for licensing. | 2 |
| 4 | 8/20/2022 | Website | Child welfare complaint for child with SED. | Closed | Connected with Child Welfare management | 30 |
| 3 | 9/13/2022 | Email | Complaint about PRTF facility | Closed | Partially substantiated; facility took action based on substantiated issued. | 7 |

| UKN | 9/26/2022 | Phone Call | Family complaint about Medicaid eligibility for YES Program. | Closed | Follow up completed to ensure YES Program was active for member. | 7 |
|-----|-----------|------------|---|--------|--|---------|
| UKN | 9/30/2022 | Email | Concern regarding vouchered respite and how receiving vouchers relates to tax law for hiring employees. | Open | Currently following up | pending |

^{*}UKN is abbreviated for unknown.

Division of Behavioral Health (DBH)

Table 4: This category includes complaints about DBH Regional Clinics

| Region | Date of Complaint | Type of Concern | Status as of September 30 | Resolution | Timeliness to Resolution (days) |
|--------|----------------------|------------------------|------------------------------|------------|------------------------------------|
| | | No complaints reported | | | |

Division of Medicaid (Medicaid)

Table 5: Includes complaints filed with the EPSDT Team

| Region | Date of Complaint | Type of Concern | Status as of September 30 | Resolution | Timeliness to Resolution (days) |
|--------|----------------------|------------------------|------------------------------|------------|---------------------------------|
| | | No complaints reported | | | |

Table 6: Optum complaints:

| Туре | Date of Complaint | Type of Concern | Status as of September 30 | Resolution | Timeliness to Resolution (calendar days) |
|------------------------|-------------------|---------------------------------|---------------------------|-----------------|--|
| Billing & Financial | 7/19/2022 | Staff/Other Against Provider | Resolved, 7/21/2022 | Unsubstantiated | 2 business days |
| Billing & Financial | 7/22/2022 | Staff/Other Against Provider | Resolved, 8/2/2022 | Unsubstantiated | 8 business days |
| Billing & Financial | 7/22/2022 * | Staff/Other Against Provider | Resolved, 8/2/2022 | Unsubstantiated | 8 business days |

| Billing & Financial | 7/29/2022 | Staff/Other Against Provider | Resolved, 8/9/2022 | Unsubstantiated | 8 business days |
|------------------------|------------|---------------------------------|----------------------|---------------------------------------|---------------------------------------|
| Billing & Financial | 9/6/2022 | Staff/Other Against Provider | Resolved, 9/15/2022 | Unsubstantiated | 7 business days |
| Billing & Financial | 9/21/2022 | Staff/Other Against Provider | Resolved, 9/28/2022 | Unsubstantiated | 5 business days |
| Clinical | 7/13/2022 | Staff/Other Against Provider | Resolved, 8/17/2022 | Substantiated | 35 calendar days (w/extension) |
| Clinical | 8/5/2022 | Staff/Other Against Provider | Resolved, 8/8/2022 | Internal Use Only- Unsubstantiated | 3 calendar days |
| Clinical | 8/17/2022 | Staff/Other Against Provider | Resolved, 9/2/2022 | Internal Use Only-Substantiated | 16 calendar days |
| Clinical | 8/17/2022 | Staff/Other Against Provider | Resolved, 9/2/2022 | Substantiated | 16 calendar days |
| Clinical | 8/23/2022 | Staff/Other Against Provider | Resolved, 8/24/2022 | Internal Use Only- Unsubstantiated | 1 calendar days |
| Clinical | 9/12/2022 | Staff/Other Against Provider | Resolved, 9/15/2022 | Unsubstantiated | 3 calendar days |
| Service | 8/18/20200 | Staff/Other Against Provider | Resolved, 9/15/2022 | Unsubstantiated | 10 business days, 14 calendar days |
| Service | 8/24/2022 | Staff/Other Against Provider | Resolved, 9/22/2022 | Unsubstantiated | 10 business days, 14 calendar days |
| Service | 8/25/2022 | Staff/Other Against UBH | Resolved, 8/29/20222 | Unsubstantiated | 3 business days |
| Service | 9/27/2022 | Staff/Other Against Provider | Resolved, 9/29/2022 | Unsubstantiated | 2 business days |

Table 7: Liberty Healthcare Idaho Independent Assessment Services complaints:

| Туре | Date of Complaint | Type of Concern | Status as of September 30 | Resolution | Timeliness to Resolution (days) |
|-------|----------------------|---|---------------------------|---|---------------------------------|
| Email | 8/3/2022 | Providers being asked to be respondents for assessments | Closed | Liberty provided documentation for the responses to the members in question. Jen advised that this is not their practice of telling the providers they must be the respondent. Jen has advised that the CS and assessors to be sure to ask for a respondent and tell the provider they must be the respondent | 0 |

| Brought up in meeting | 8/3/2022 | Inventory of Needs (ION) Dispute | Closed | Liberty states that once a case is closed, it cannot be modified | 2 days |
|-----------------------------|-----------|---|--------|---|--------|
| Email | 8/4/2022 | Applications not being processed in a timely manner | Closed | Kathie called back, but client was not with her. Expected back soon. Tentative appointment set for 5/5/2022 at 1pm. Kathie will call once client gets home so she can select her respondent and her rights are maintained | 0 |
| Email | 8/17/2022 | Progress notes no longer in LIS | Closed | Liberty stated it was their fault. Will address who sent and provide training on process. A new update notice was sent with new appeal time lines | 0 |
| Email | 9/15/2022 | Daily Reporting has spelling errors | Closed | Jen stated Liberty will do a better job of verifying spelling of names on reports | 0 |
| Email | 9/26/2022 | List of Lcert cases not closed by Liberty was received | Closed | Liberty took corrective actions based on data from list compile by DHW. Closed cases accordingly and updated status on remaining cases | 0 |

Table 8: MTM complaints:

| Region | Date of Complaint | Type of Concern | Status as of September 30 | Resolution | Timeliness to Resolution (days) |
|--------|-------------------|-----------------|------------------------------|--|---------------------------------------|
| 7 | 9/17/2022 | No Show Pick-up | Resolved, 9/28/2022 | Substantiated – Quality Resolutions has educated the transportation provider via compliant report that accepts trips must be completed in a timely manner. Transportation providers are also expected to contact MTM immediately regarding and trip related issues or concerns. | 10 business days |
| 7 | 9/17/2022 | No Show Pick-up | Resolved, 5/15/2022 | Substantiated – Quality Resolutions has educated the transportation provider via compliant report that accepts trips must be completed in a timely manner. Transportation providers are also expected to contact MTM immediately regarding and trip related issues or concerns. | 10 business days |
| 4 | 9/27/2022 | Trip Accuracy | 10/10/2022 | Substantiated – Quality and Continuous Improvement reviewed the call. Education was provided to the CCR on entering trip information correctly as requested. Education was also provided to follow the correct MTM processes | 9 business days |

Idaho Department of Juvenile Corrections (IDJC) (YES Class Families/Youth)

There were no youth and no family complaints during the 1st quarter of SFY 2023. Of the complaints received by IDJC staff, all complaints were resolved in five (5) calendar days or less.

Table 9 & 10: IDJC Complaint Detail, SFY 2023, Q1

| Families Family members of YES class members whose complaint/concern was directed to the Superintendent | | | | | | | | | | | |
|---|----------------------|-----------------|---|--|--|--|--|--|--|--|--|
| Region | Date of Complaint | Type of Concern | Type of Concern Status as September 30 Resolution Resolution Timeliness to Resolution (days | | | | | | | | |
| No complaints received this quarter. | | | | | | | | | | | |

| | | YES class members whos | Youth se complaint/concern was f | formally received by IDJC staff | | | |
|--|--------------------------------------|------------------------|-------------------------------------|---------------------------------|--|--|--|
| Region Date of Complaint Type of Concern Status as September Resolution (days) | | | | | | | |
| | No complaints received this quarter. | | | | | | |

Idaho State Department of Education (SDE)

The Department of Education provides several "Dispute Resolution Processes" in the districts to help families resolve complaints, including Mediation, Facilitation, State Complaints, and Due Process Hearings. Facilitation and Mediation are voluntary processes structured to increase understanding and reach resolution before a conflict develops into a formal dispute. State Complaints can be filed by any individual or organization alleging any violation of the Individuals with Disabilities Act IDEA, including an alleged failure to comply with a previous due process hearing

decision. Due Process Hearings involves an allegation or a series of allegations by either a parent/adult student or the district on issues relating to the identification, evaluation, educational placement, and the provision of free, appropriate public education (FAPE.)

Data about SDE complaints is updated annually.

Table 10: SDE Complaint Detail, 2022-2023. At the time this report was submitted no updated information received.

| Section | A: Written, Signed Complaints | |
|----------------|---|-----------|
| Item # | Item description | 2022-2023 |
| 1 | Total number of written signed complaints filed. | - |
| 1.1 | Complaints with reports issued. | _ |
| 1.1.a | Reports with findings of noncompliance. | - |
| 1.1.a 1.1.b | Reports with midnigs of horicomphance. Reports within timelines. | - |
| 1.1.D | ' | - |
| | Reports within extended timelines. | - |
| 1.2 | Complaints pending. | - |
| 1.2.a | Complaints pending a due process hearing. | - |
| 1.3 | Complaints withdrawn or dismissed. | - |
| Section | B: Mediation Requests | |
| Item # | Item description | 2022-2023 |
| 2 | Total number of mediation requests received through all dispute resolution processes. | - |
| 2.1 | Mediations held. | - |
| 2.1.a | Mediations held related to due process complaints. | - |
| 2.1.a.i | Mediation agreements related to due process complaints. | - |
| 2.1.b | Mediations held not related to due process complaints. | - |
| 2.1.b.i | Mediation agreements not related to due process complaints. | - |
| 2.2 | Mediations pending. | - |
| 2.3 | Mediations withdrawn or not held. | - |
| Section | C: Due Process Complaints | |
| Item# | Item description | 2022-2023 |
| 3 | Total number of due process complaints filed. | - |
| 3.1 | Resolution meetings. | - |
| 3.1.a | Written settlement agreements reached through resolution meetings. | - |
| 3.2 | Hearings fully adjudicated. | - |
| 3.2.a | Decisions within timeline (include expedited). | - |
| 3.2.b | Decisions within extended timeline. | - |
| 3.3 | Due process complaints pending. | - |
| | <u> </u> | l |

| 3.4 | Due process complaints withdrawn or dismissed (including resolved without a hearing). | | | | | | |
|---------|---|-----------|--|--|--|--|--|
| Section | Section D: Expedited Due Process Complaints (Related to Disciplinary Decision) | | | | | | |
| Item # | Item description | 2022-2023 | | | | | |
| 4 | Total number of expedited due process complaints filed. | - | | | | | |
| 4.1 | Expedited resolution meetings. | - | | | | | |
| 4.1.a | Expedited written settlement agreements. | - | | | | | |
| 4.2 | Expedited hearings fully adjudicated. | - | | | | | |
| 4.2.a | Change of placement ordered. | - | | | | | |
| 4.3 | Expedited due process complaints pending. | - | | | | | |
| 4.4 | Expedited due process complaints withdrawn or dismissed. | - | | | | | |

Appeals:

Appeals are formal requests for a review of decisions made about eligibility for services

DBH: 2 Appeals for Q1

| Member Region | Type of Appeal | Date Received | Description | Case Status | Receipt Method | Member Eligibility Category | Date Resolved | Decision Summary | Number of Days to Resolve | Number of Days Pending |
|------------------|-------------------|------------------|------------------|----------------|-------------------|-----------------------------------|------------------|---------------------|------------------------------------|------------------------------|
| | | | Denial for acute | | | 3 | | DENIAL | | |
| | | | psychiatric | | | | | UPHELD | | |
| 3 | DHW | 8/16/2022 | continued stay. | closed | fax | 84 | 9/15/2022 | | 30 | 36 |
| | | | Denial for acute | | | | | DENIAL | | |
| | | | psychiatric | | | | | UPHELD | | |
| 3 | DHW | 9/21/2022 | continued stay. | closed | fax | 60 | 10/21/2022 | | 30 | 30 |

Medicaid:

EPSDT No Appeals for Q1

Optum No Appeals for Q1

MTM No Appeals for Q1

Liberty Healthcare Idaho Independent Assessment Services: No Appeals for Q1

Telligen: 3 Appeals for Q1

| Member Region | Type of Appeal | Date Received | Description | Case Status | Receipt Method | Member Eligibility Category | Date Resolved | Decision Summary | Number of Days to Resolve | Number of Days Pending |
|------------------|-------------------|------------------|--|----------------|--------------------|-----------------------------------|------------------|-----------------------------------|---------------------------------|------------------------------|
| | | | Denial for acute psychiatric | | telligen | | | DENIAL UPHELD | | |
| 7 | TELLIGEN | 7/11/2022 | continued stay. | closed | portal | 88 | 7/13/2022 | | 3 | 3 |
| 3 | TELLIGEN | 7/21/2022 | Denial for acute psychiatric continued stay. | closed | telligen portal | 36 | 8/8/2022 | DECISION REVERSED: APPROVED | 19 | 19 |
| 4 | TELLIGEN | 9/13/2002 | Denial for acute psychiatric continued stay. | closed | telligen portal | 60 | 9/15/2022 | DENIAL UPHELD | 3 | 3 |

Quality Management Improvement and Accountability (QMIA)

The Quality Management Improvement and Accountability (QMIA) Council brings together DBH, Medicaid, FACS, IDJC, and SDE to collaborate in YES quality monitoring. The Council has a Subcommittee, the QMIA Family Advisory Subcommittee (Q-FAS) which presents an opportunity to gather and learn from family's stories. Q-FAS solicits family members' and family advocates' first-hand input on families' experiences accessing and utilizing YES services. The feedback received about successes, challenges and barriers to care is used to identify areas that need increased focus and to prioritize quality improvement projects. This subcommittee helps to guide YES partners work, providing children, youth, and families in Idaho access to appropriate and effective mental health care. Below is a summary of issues that have been discussed by the Q-FAS.

Summary of Barriers to Care

| Area | Noted issues |
|-----------------------|---|
| Access to care | Services not available within reasonable distance |
| | Services not coordinated between MH and DD |
| | Waitlist for Respite and Family Support Partners |
| | Respite process through Medicaid too demanding due to need for updated CANS |
| Clinical care | Repeating the CANS with multiple providers is traumatic |
| | Diagnosis not accurate |
| | Therapist not knowledgeable of de-escalation techniques |
| | Stigmatization and blaming attitudes towards families |
| | Families need more information about services (e.g., Case Management) |
| Outpatient services | No service providers in the area where family needs care |
| | Services needed were not available, so families are referred to the services that are available |
| | Not enough expertise in services for high needs kids (e.g., Trust Based Relationships, Family Preservation) |
| | Some services only available through other systems: e.g., DD, Judicial |
| | Families having to find services themselves based on just a list of providers- and even the lists at times are too old to be useful |
| Crisis services | Access to immediate care had to go through detention |
| | Safety Plans not developed with family or not effective |
| 24-hour services: | Not enough local beds |
| Hospitals/Residential | Length of time for EPSDT determination |
| · | Support needed by families during the EPSDT process, and after while waiting for placement |
| | Medication changes wo input from family |
| | Family not involved in discharge planning |
| | Family threatened with charges of abandonment or neglect |
| | Children with high needs and repeat admissions may be denied access |
| | Child not in hospital long enough for meds to take effect |
| | Care in local residential facilities does not provide specialized care that is needed |
| School issues | Too long to get an Individualized Education Plan (IEP) |
| | School makes choices that don't match needs of the child |
| | Safety Plans from schools not developed with family input |
| Other family | Too many appointments and other children with needs |
| concerns | Need one case manager/TCC type person |
| | Information on how access care not available |
| | Transportation not available |
| | DBH Gas vouchers only at specific gas stations |